

Augusta-Richmond County License Department
 PO Box 9270 (1815 MARVIN GRIFFIN ROAD)
 Augusta, GA 30916-9270
 Phone: 706-312-5053
 FAX # 706-312-5037

BUSINESS TAX RETURN

COUNTY OF RICHMOND, BUSINESS TAX DIVISION
 Calendar Year **2004**

Report Change in Location/Mailing Address Promptly to Business Tax Division

Please Type or Print with Ball Point Pen

FOR BUSINESS LICENSE OFFICE USE ONLY				Interviewed By:
Zoning		Map & Parcel		
Account #	FBB	Tax Class	SIC Code	Approved By:

Complete all spaces as they relate to County Activity				Month	Day	Year	YEARLY TOTAL GROSS RECEIPTS (EVEN DOLLARS) \$ _____ Professionals and certain practitioners have the option of paying \$330 per practitioner in lieu of reporting gross receipts. Check with the Business Tax Office to determine eligibility for this option.		Mobile Only – No Business in the Home
Circle One Renewal Amended New Final	Started New Business	Date							
	Sold or Closed Business	Date							
Business Name			Business Location in County – Street Address (Not P.O. Box)				City, State		Zip Code
Mailing Information Name			Mailing Address – Street or P.O. Box				City, State		Zip Code
Previous Business Name and Location	Name		Street – Not P.O. Box				City, State		Zip Code
Circle One Partnership Sole Ownership Corporation	Principal Office, Corporate Name		Street or P.O. Box				City, State		Zip Code
Officer, Agent or Attorney for Service of Business Affairs in County	Name		Street or P.O. Box				City, State		Zip Code
Name of Owner(s) & Residence Address	Name		Street or P.O. Box				City, State		Zip Code
	SSN								
Officer Title	Name		Street or P.O. Box				City, State		Zip Code
	SSN								
Officer Title	Name		Street or P.O. Box				City, State		Zip Code
	SSN								
Officer Title	Name		Street or P.O. Box				City, State		Zip Code
	SSN								
CERTIFICATION: The information herein as required by Richmond County Code Part II, Chapter 8, Section 6-27.1 I, _____ (Title) _____ of the business firm named, do hereby register to operate said business with dominant business activity of (explain type of business) _____ _____			New Structure (Y or N)		Existing Building (Y or N)				In accord with the Business Ordinance of Richmond County, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct, and complete.
Phone: (Bus) () - (Res) () - State ID Number Federal ID Number			Applicant Signature _____ Date _____						